



PTO/SB/30 (09-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/899,917-Conf. #5233
	Filing Date	July 9, 2001
	First Named Inventor	Henrik S. Olsen
	Art Unit	1653
	Examiner Name	H. A. Robinson
	Attorney Docket No.	PF306D1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☒ Other **Return Receipt Card**

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **08-3425**

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

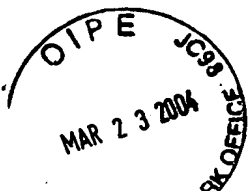
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414
Signature		Date	23 March 2004

03/24/2004 YPOLITE1 00000046 083425 09899917

01 FC:1801

770.00 DA



Image

RCE # 1600

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/899,917-Conf. #5233	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 9, 2001	
		First Named Inventor	Henrik S. Olsen	
		Examiner Name	H. A. Robinson	
TOTAL AMOUNT OF PAYMENT (\$)		770.00	Attorney Docket No.	PF306D1
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code (\$)				
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 40 -100** =		Extra Claims Fee from below Fee Paid		
Independent Claims 7 -11** =				
Multiple Dependent				
Large Entity Small Entity				
Fee Code (\$)				
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
** or number previously paid, if greater; For Reissues, see above				
		SUBTOTAL (3) (\$)		
		770.00		
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Lin J. Hymel		Registration No. (Attorney/Agent) 45,414		
Signature		Telephone (301) 251-6015		
		Date 23 March 2		



Docket No.: PF306D1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Olsen et al.

Application No.: 09/899,917

Confirmation No.: 5233

Filed: July 9, 2001

Art Unit: 1653

For: Human Oncogene Induced Secreted Protein I

Examiner: H. A. Robinson

RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 23, 2003 (Paper No. 121903), Applicants hereby request that the following amendments and remarks be entered into the file for the above captioned application. Applicants submit herewith: (a) a Fee Transmittal Sheet, (b) a Request for Continued Examination; and (c) Exhibit A.

- Claim amendments begin on page 2.
- Remarks begin on page 7.